

Participants Name:		Grade Entering	g:	Age: _		
Camp Division (Check One): E	lementary (4th-7th) 🗖	JH & HS (8th-12tl	n) 🗖			
Parent/Guardian Name:			T-SHIRT S	IZE		
Email Address:			□ Youth Sm	I □You	th Md 🛛 Yout	h Lrg
Mailing Address:			🗆 Adu	lt Sm	🗆 Adult Md	
City:	State: Zij	o:	🗆 Adu	lt Lrg	🗆 Adult XL	

As a condition to participating in the ALA Basketball Camp, I as the parent or legal guardian of _______ agree to maintain health insurance for my son or daughter while he participates in this camp. If I do not maintain health insurance for my son or daughter, American Leadership Academy will not be held responsible or liable for any injuries.

Parent Signature

Date

Emergency Contact phone #